

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		
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34		3		/		
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50		/		/		
TOTAL IND.			5			
TOTAL DEP.			72			
TOTAL CLAIMS			77			

  

*	IND.	DER.	*	IND.	DER.	*
51		/		/		
52		/		/		
53		/		/		
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68		/		/		
69		2		/		
70		2		/		
71		2		/		
72		2		/		
73		2		/		
74		1		/		
75		1		/		
76		1		/		
77		1		/		
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100		1		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS